	after Amendment (1)	Claims Paid for Earlier (2)	Number of Additional Claims (1-2)	Cost per Additional Claim	Additional Fees Required
Total Claims				x \$11 =	
Independent Claims				x \$40 =	
One or Mor	re New Multiple I	Dependent Claims P	resented?, If Yes, A	\dd \$130 Here →	

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 13-4895. A duplicate copy of this sheet is enclosed.

<u>CERTIFICATE UNDER 37 C.F.R. §1.8</u>: The undersigned hereby certifies that this Transmittal Letter and the paper(s), as described hereinabove, are being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on this 19th day of August, 1997.

MUETING, RAASCH, GEBHARDT & SCHWAPPACH, P.A. P.O. Box 581415, Minneapolis, MN 55458 (612-305-1220)

Name: Mýra H. McCormack

Reg. No.: 36,602

Direct Dial: 612-305-1225

(SMALL ENTITY TRANSMITTAL UNDER RULE 1.8)